

This box to be completed by DCS Family Case Manager

Reason Fingerprinted: ☐ Emergency placement IC 10-13-3-27.5 ☐ Non-emergency placement IC 10-13-3-27.5
 County: _____ Case Name / ICWIS Number: _____
 Street Address: _____
 Date: _____ Time: _____
 Name: _____ Signature: _____

Verification of
Applicant's Identity:

☐ Valid Driver's License
☐ Work / School ID

☐ Valid State ID Card
☐ Other: _____

PRIMARY APPLICANT FORM (UNLICENSED PLACEMENT)

*These fields are mandatory and must be completed. Additionally, FCM must provide this information when requesting a Name-Based Check and must fax a copy of this completed form to ISP headquarters (fax 317-234-4427) within 24 hours of calling in the Name-Based Check.

Full legal name*			
Previous names (maiden/alias, etc)			
Date of birth (mm/dd/yy)*			
Place of birth (city, state)			
Social Security Number			
Gender*		Race*	Height*
Weight*		Eyes*	Hair*
Current address* (street address, city, state, zip):			
List all counties and/or states resided in for past 10 years:			
I <input type="checkbox"/> have <input type="checkbox"/> have not been convicted of an adult crime. (If convicted, please describe below:)			

List all children (less than 18 years old) living in the home below:

Full name	Date of birth	Age**	Social Security Number

**If child is 14 years and older, complete a copy of the form "Additional Household Member" so he/she can be fingerprinted

To be signed by the primary substitute caregiver submitting to the background check:

I have provided the information on this form for the purposes of a criminal history and background check.
 My signature authorizes the necessary checks to be conducted on myself and all children listed above:

Date: _____ Printed name: _____

Signature: _____

ATTENTION APPLICANT: FURTHER INSTRUCTIONS

Return all completed forms and fingerprint cards for your household to the local DCS office listed at the top of this form

